SECTION 3: STUDENT REGISTRATION

Contact Information:

ROCP IMPLEMENTATION INFORMATION, DSPT ROCP FORMS
California Department of Education Regional Occupational Centers and Programs
http://www.cde.ca.gov/rocp/dsp
California Regional Occupational Centers and Programs (CAROCP)
http://www.carocp.org/dds.html

REGISTRATION FORM COMPLELETION
East San Gabriel Valley Regional Occupational Program/Technical Center (ESGVROP/TC)
Lupe Alvarez, Support Staff,
lalvarezdsp@yahoo.com, lalvarez@esgvrop.org 626-472-5106
1501 West Del Norte Avenue, West Covina, CA 91790
Telephone: 1-800-910-4604
FAX: 626-472-5198

SECTION 3: STUDENT REGISTRATION

A. REGISTRATION RESTRICTIONS

1. The Year 1 Challenge Test may be taken only **once**.

2. The Year 2 Challenge Test may be taken only **once**.

3. A student may complete the Year 1 and Year 2 training **once** with the following **exceptions**:

   a. A student who has received a certificate of completion with a notation of additional training needed **may take** that year of training **as many times as needed** until he or she receives a certificate of completion without a notation of additional training needed.
   b. A student who has received a notice of failure **must take** that year of training again until he or she receives a certificate of completion or a certificate of completion with a notation of additional training needed.
   c. A student who has passed the challenge test may take that year of training **once** for continuing education units (CEUs).

B. REGISTRATION IRREGULARITIES

If the **documentation** submitted by a student to enroll for a challenge test or training class prior to or during registration **can not be verified** by ESGVROP/TC:

1. Notify the Department of Developmental Services (DDS) within 5 working days, **and**

2. **Hold the student's registration form and do not allow them to take the challenge test or training class.**

3. Follow-up according to the recommendations provided by DDS.

C. INSTRUCTIONS FOR REGISTRATION

All students must register with the ROCP when they take the challenge test or the training. To register, the student must complete the *Direct Support Professional (DSP) ScantronÓ Registration Form*. A sample is included at the end of this section.

Materials needed for registration:

> *DSP ScantronÓ Registration Forms*
> Number 2 pencils (for students)
> Red ink pen (for ROCP staff)
> *Student Registration Instruction* Booklets (optional)

SECTION 3: STUDENT REGISTRATION

To register students, the ROCP staff must:

1. Give each student a *DSP Scantron Ó Registration Form*, a number 2 pencil, and a *Student Registration Instruction* Booklet (optional). A sample *Student Registration Instruction* booklet is provided in this section and a version for photocopying can be found in Section 9: Forms.

2. Instruct students to complete the name, social security #, birthday, telephone number, mailing address, city and zip code fields of the form on the first day of class or before beginning a challenge test as follows:

   a. Use a #2 pencil.
   b. In legible capital letters, print one letter or number clearly in each box.
   c. For spaces, leave the box empty.
   d. Fill in the corresponding letter or number in the fill-in box for each column.
   e. Do not put any marks outside the fill-in boxes.
   f. Completely erase any mistakes or marks outside of the fill-in boxes.
   g. Do not fold the forms.

   3. Give each student the Vendor Code for the Community Care Facility (CCF) in which they work. The Vendor Code is the facility number issued to every CCF by the regional center. The facility Vendor Code starts with one or two letters followed by four or five numbers, for example, H12345 or HH1234. Refer to the CCF Vendor list in Section 8: Vendor List.

When the student has completed the *DSP Scantron Ó Registration Form*, the ROCP staff must:

1. Collect all registration forms.

2. CHECK each form to ensure that all information is complete, legible and filled in correctly.

3. Make sure to CHECK the Vendor Code and Social Security Number are filled in correctly. Vendor Code and Social Security Number are critical for tracking and billing purposes.

4. If the student does not provide a Social Security Number, write in red ink directly in the Social Security # boxes, "UNAVAILABLE".

Once the registration process is completed, begin the challenge test or the training session.

1. For the challenge test, follow the instructions for Check Out Procedures and Packing Up in Section 4: Test Administration.

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2.   For the training class, file and hold the registration forms. When the class is completed, follow the instructions for Check Out Procedures and Packing Up in Section 4: Test Administration.

D.   DSPT STUDENT SUMMARY SHEETS

Trainers must complete a *Student Summary Sheet* for each student taking the training. The *Student Summary Sheet* is a record of each student's hours of attendance, quiz scores for each session and skill check completion. There is one Student Summary Sheet for each year of the training. Samples are included in this section and a master for photocopying can be found in Section 9: Forms.

Prior to beginning the trainer must:

1.   Distribute a copy of the *Student Summary* Sheet to each student.

2.   Say the following: "I will be keeping a record of each student's attendance and quiz scores for each session. This information will be recorded on the *Student Summary Sheet.* At the end of the training, both you and your administrator will be given a copy of this completed form for assisting in evaluating future training needs."

3.   "Write your name at the top of the sheet."

4.   "Please sign and date the bottom to acknowledge this information."

5.   If a student refuses to sign, write in the signature box "Refused to sign, present when information was given".

6.   At the end of each session complete the *Student Summary Sheet* information for each student.

7.   At the end of the training class, follow instructions for distribution found in Section 5: Distribution of Results.

SECTION 3: STUDENT REGISTRATION

E.   ROCP CODES

Antelope Valley –	74799	Mission Valley -	74021
Baldy View -	74211	N. Santa Clara -	74302N
Butte County-	74682	Napa County -	74484
Capistrano-Laguna -	74112	North Orange County -	74104
Central County-	74252	Oakland-Alameda -	74039
Central Santa Clara -	74294	Riverside -	74492
Coastline -	74120	Sacramento County -	74500
Colton-Redlands-Yucaipa	74138	San Antonio -	74849
Compton -	74831	San Diego -	74526
Contra Costa -	74344	San Francisco -	74534
E San Gabriel -	74195	San Joaquin County -	74542
Eden Area -	74013	San Mateo -	74559
Forty-Niner -	74732	Santa Barbara -	74567S
Fresno -	74260	Santa Clara – South -	74302S
Hart -	74773	Santa Cruz -	74575
Humboldt -	74393	Santa Lucia -	74724
Kern -	74807	Shasta-Trinity -	74583
La Puente Valley -	74088	Solano -	74674
Lake County -	74419	Sonoma -	74591
Long Beach -	74427	Southern Calif. -	74336
Los Angeles County -	74443	Tri-Cities -	74328
Los Angeles USD -	74435	Tri-County -	74633
Marin County -	74658	Tulare County -	74179
Mendocino County -	74468	Valley -	74153
Merced County -	74476	Yolo County -	74625
Mission Trails -	74054		

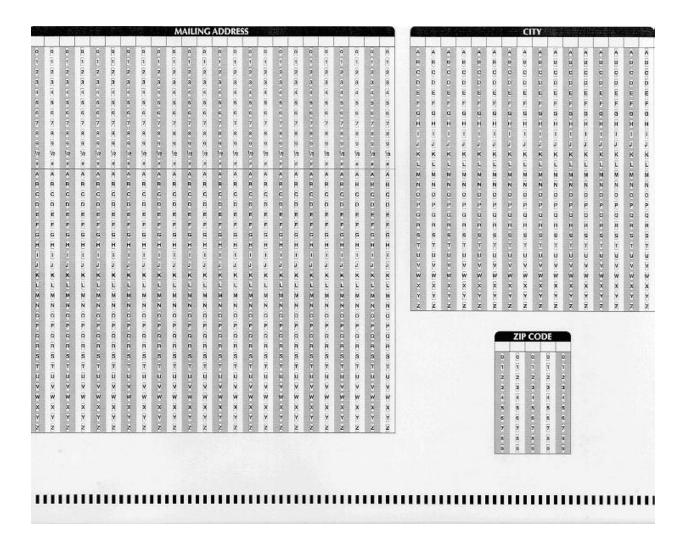# SECTION 3: STUDENT REGISTRATION

E.   SAMPLE DSP SCANTRON REGISTRATION FORM

Do Not Copy this sample. See Section 2: Program Supplies to order.

DIRECT SUPPORT PROFESSIONAL

REGISTRATION FORM
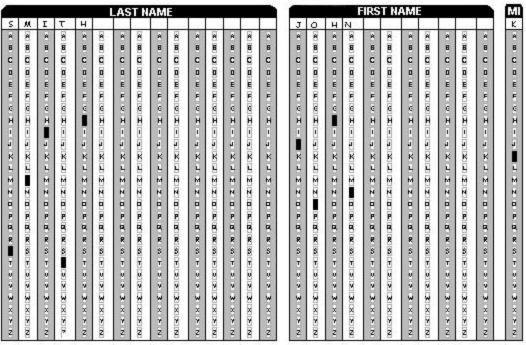
SECTION 3: STUDENT REGISTRATION

F. SAMPLE STUDENT INSTRUCTION BOOKLET

Direct Support Professional Scantron© Registration Instructions

- Use a #2 pencil.
- Print one letter or number clearly in each box.
- Bubble in the corresponding letter or number under each filled box.
- For spaces, leave the box empty.
- Do not put any marks outside the boxes.
- Completely erase any mistakes or marks outside of the boxes.
- Do not fold the form.
- Follow the example provided on the following pages.
- Wait for additional instructions from the trainer or proctor.
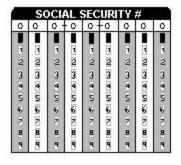
SECTION 3: STUDENT REGISTRATION

Example:

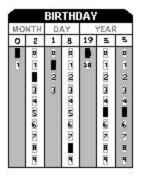**Last Name, First Name, Middle Initial (MI):**

- In the row of empty boxes under the words "LAST NAME", print your last name in BLOCK CAPITAL LETTERS. Start in the box at the left. Do not skip any spaces. See the example above.

- Fill in the box with the matching letter in the column under each letter of your name. Repeat this step until you have filled in all the letters of your name.

- Repeat for the "FIRST NAME" and for the Middle Initial.("MI") See the example above.
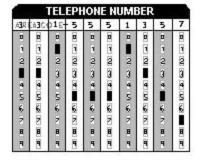
SECTION 3: STUDENT REGISTRATION

Social Security #:

- Under the words "SOCIAL SECURITY #" print your Social Security Number.
- Fill in the matching box under each number as you did for your name. See the example to the left.
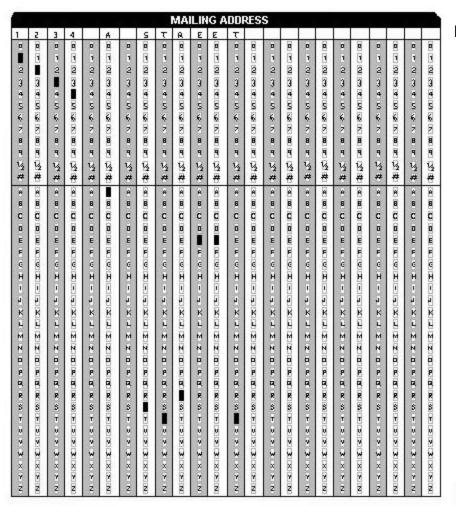
Birthday:

- Under the word BIRTHDAY fill in the month, day and year you were born.
- The month is a two-digit number. For example, January is written as "01".
- The day is a two-digit number. For example if you were born on the third day of the month it would be written "03".
- For the year fill in the matching box for "19 or 20" and then the next two digits for the year you were born.
- Fill in the matching boxes for your birth date as for your name. See the example to the left.

Telephone:

- Under the words "TELEPHONE NUMBER" print your telephone number.
- Fill in the matching box under each number as you did for your name. See example to the left.

SECTION 3: STUDENT REGISTRATION

MAILING ADDRESS

(Bubble grid form with columns; example filled in spelling "1234 A STREET")

Mailing Address:

- Under the words MAILING ADDRESS fill in your address where your certificate will be mailed.
- Leave a space between the number and street name.
- Use PO and the number for US Post Office Boxes.
- Fill in the matching boxes as you did for your name. See the example to left.

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CITY

(bubble grid showing "ANYPLACE")

City and Zip Code:

- The "City" and "Zip Code" fields are completed in the same way. See the examples to left and below.

ZIP CODE

(bubble grid showing "90236")

VENDOR CODE

(bubble grid showing "HH1234")

Vendor Code:

- The "Vendor Code" field is completed in the same way. See the example to the right.
- Your Proctor/Trainer will assist you to determine the Vendor Code for the community care facility where you work.

SECTION 3: STUDENT REGISTRATION

G.   SAMPLE STUDENT SUMMARY SHEETS

DIRECT SUPPORT PROFESSIONAL TRAINING
Student Summary Sheet - YEAR 1

STUDENT:

ROCP: **Trainer:**

Class Session	Date	Topic	Hours of Attendance	Quiz Score (# Correct out of 10 Questions)
		Introduction, Overview of Developmental Disabilities, Values, Diversity		
		Communication		
		Wellness: Nutrition, Exercise and Safety		
		Wellness: Medications		
		Wellness: Responding to Individual Needs		
		Positive Behavior Support		
		Teaching Strategies: Relationships, Task Analysis and Prompts		
		Teaching Strategies: Positive Feedback and Natural Times to Teach		
		Daily Living		
		Individual Rights, Laws and Regulations		
		Leisure and Recreation		
		Training Test		
		Total Hours Attended		

I understand that this information will be sent to the administrator of the community care facility where I work so that future training needs can be evaluated.*

Student's Signature	Date

*Title 17 California Code Of Regulations - Division 2
Section 56033 - Direct Care Staff Competency-Based Training and Testing Requirements

SECTION 3: STUDENT REGISTRATION

DIRECT SUPPORT PROFESSIONAL (DSP) TRAINING
Year One - Outline

Session 1:   Overview of Developmental Disabilities, Values
Definition of developmental disabilities; history and values of developmental disability services; and, role and responsibilities of the direct support professional

Session 2:   Communication
Reasons for communicating; different forms of communication (verbal and non-verbal communication); barriers to effective communication; active listening; and, facilitating and encouraging communication

Session 3:   Wellness: Nutrition, Exercise and Safety
Nutrition basics (food pyramid); general dietary recommendations and menu planning; safe food handling, preparation and storage; health benefits of exercise; infection control (hand-washing and gloving); home safety and injury prevention; guidelines for responding to a possible poisoning; and, environmental emergency and disaster preparation

Session 4:   Wellness: Medication
Definition of both over-the-counter and prescription medications; information on medication labels; preparation for and assisting with self-administration of medications; observing for adverse drug reactions and other side effects; questions to ask physician and pharmacist; and, correct handling, ordering, recording and destroying of medications

Session 5:   Wellness: Responding to Individual Needs
Definition of health care assessment, history and plan; preventive health and dental care; communicating with health care professionals; recording of routine health care; observing, reporting, recording of signs and symptoms of illness; seizures and seizure first aid; responding to health care emergencies; and, community health resources and supports

Session 6:   Positive Behavioral Support
Definition of positive behavioral support practices; strategies to support positive behavior; recognizing and responding to behavior as communication; antecedents and consequences to behavior; observation and documentation of antecedents, behavior and consequences; and, teaching positive replacement behaviors

Session 7:   Teaching Strategies: Relationships, Task Analysis and Prompts
Establishing a relationship with the learner before teaching begins; task analysis; types of prompts; least-to-most assistive prompts; and, documenting individual progress.

Session 8:   Teaching Strategies: Positive Feedback and Natural Times to Teach
Demonstration and practice in teaching strategies and error correction; definition of and ways of identifying motivational factors (positive consequences, reinforcers, praise); and, teaching in natural settings and daily routines

Session 9:   Daily Living
Recognizing and supporting individual routines of daily life; and, supporting individuals in establishing and maintaining relationships with family and friends

Session 10:   Individual Rights, Laws and Regulations
Key laws affecting services for people with developmental disabilities (Lanterman Developmental Disabilities Service Act); state and local agencies/organizations and their function; individual rights; role of parents and legally authorized representatives; confidentiality; special incident reporting; mandatory reporting of suspected abuse and neglect; and, definition of advocacy and advocacy resources

Session 11:   Leisure and Recreation
Identifying individual interests and promoting community participation in preferred leisure and recreation activities; and, defining and identifying natural supports for individuals.

March 2002
                                                    Updated: September 2002

SECTION 3: STUDENT REGISTRATION

DIRECT SUPPORT PROFESSIONAL TRAINING
Student Summary Sheet - YEAR 2

STUDENT: _____

ROCP: _____   **TRAINER:** _____

Class Session	Date	Topic	Hours of Attendance	Quiz Score (# correct out of 10 Questions)
1		Supporting Choice: Identifying Preferences		
2		Person-Centered Planning and Services		
3		Person-Centered Planning and Services		
4		Communication, Problem-Solving and Conflict Resolution		
5		Positive Behavior Support: Understanding Behavior as Communication		
6		Positive Behavior Support: Adapting Support Strategies to Ensure Success		
7		Teaching Strategies: Personalizing Skill Development		
8		Teaching Strategies: Ensuring Meaningful Life Skills		
9		Supporting Quality Life Transitions		
10		Wellness: Medication		
11		Wellness: Promoting Good Health		
		Test after Training		
		Total Hours Attended		

Skill Check # 1	Attempt	1	2	3
Assisting with Self-Administration of Medication	Date			
	Results	Pass Retake	Pass Retake	Pass Fail
	Trainer Initial			
Skill Check # 2	Attempt	1	2	3
Standard Precautions – Gloving	Date			
	Results	Pass Retake	Pass Retake	Pass Fail
	Trainer Initial			

I understand that this information will be sent to the administrator of the community care facility where I work so that future training needs can be evaluated.*

Student's Signature	Date

*Title 17 California Code Of Regulations - Division 2
Section 56033 - Direct Care Staff Competency-Based Training and Testing Requirements

FOR DEPARPTMENT OF SOCIAL SERVICES USE ONLY

COURSE ID#: 300-3509-5396
VENDOR #: 10003007352

SECTION 3: STUDENT REGISTRATION

DIRECT SUPPORT PROFESSIONAL (DSP) TRAINING
Year Two - Outline

Session 1:   <u>Supporting Choices: Identifying Preferences</u>
The importance of making choices: identifying likes and dislikes; assessing choice-making skills; supporting choice-making; ways people make choices; and different types of choices.

Session 2:   <u>Person-Centered Planning and Services</u>
Understanding what's important for quality of life; the person-centered planning team; person-centered planning process; DSP's participating as a team member; communicating with families

Session 3:   <u>Person-Centered Planning and Services</u>
Understanding and implementing the Individual Program Plan (IPP); and documenting progress.

Session 4:   <u>Communication, Problem-Solving and Conflict Resolution</u>
Verbal and non-verbal communication; active listening; conflict management; teaching problem-solving; coping strategies; and advocacy

Session 5:   <u>Positive Behavior Support: Understanding Behavior as Communication</u>
Basics of positive behavior support; assessment strategies to evaluate past; present, future (antecedents, behavior and consequences) events; and functional behavior assessment

Session 6:   <u>Positive Behavior Support: Adapting Support Strategies to Ensure Success</u>
Methods to teach positive replacement behavior(s) and support existing positive behavior(s); knowledge, promotion, and use of effective communication strategies; and, working as a team member to implement positive behavior support strategies

Session 7:   <u>Teaching Strategies: Personalizing Skill Development</u>
Basic teaching strategies; task analysis; individualized teaching; learning to generalize skills; adaptive technology; and evaluating teaching effectiveness

Session 8:   <u>Teaching Strategies: Ensuring Meaningful Life Skills</u>
Teaching meaningful, age-appropriate skills; developing and implementing teaching plans; documenting individual progress; and being able to use skills over time

Session 9:   <u>Supporting Quality Life Transition</u>
Stages of life; the grief process; individual transitions throughout life; supporting relationships with family and friends; and using community resources to support quality of life

Session 10:   <u>Wellness: Medication</u>
Assisting with self-administration of medications; the Five Rights; common medications; recognizing, reporting and recording possible adverse drug reactions and interactions; and, skill check on assisting with self-administration of capsules, tablets and liquid medications

Session 11:   <u>Wellness: Promoting Good Health</u>
Recognizing ongoing health care needs, for example, personal hygiene, dental care and signs and symptoms of illness or injury; use of Standard (Universal) Precautions to prevent the spread of germs; principles of care including safety, privacy, dignity, communication, independence, and infection control; and, skill check on gloving technique.